JUDICIAL CA CAMPAIGN FI	NDIDATE / OFFIC NANCE REPORT	EHOLDE	Rimmon		I JC/OH
The JC/OH INSTRUCTION GUI	os explains how to complete this		COUNT# hics Commission filers)	2 Total pages file	kd .
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST		MI	OFFICE	USE ONLY
NAME	JUDGE WILFOI NICKNAME LAST FLOWER	• • • • • • • • • • • • • • • • • • • •	SUFFIX	Date Received	5 TI
4 CANDIDATE / OFFICEHOLDER ADDRESS	6219 GAUR DRIVE, AU	CITY.  STIN, TEXAS	STATE. ZIP CO0	0	LEI 4 12
Change of Address				1	望り
CAMPAIGN TREASURER NAME	TITLE FIRST  JAN		MI	Receipt # 250	Amount
<b> </b>	NICKNAME LAST SOII	700	SUFFIX	Date Processed	
	3011	· ER		Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	700 LAVACA, SUITE 80	· · · · · ·			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMB	ER	EXTENSION		
8 REPORT TYPE	January 15 XX 30th da	y before election	Runoff		campaign treasurer fficeholder only)
	July 15 Bth day	before election	Exceeded \$500 lirr	Wil Final report (A	tech JC/OH - FR)
PERIOD \(\)	Month Day Year 07 / 01 / 98	THROUGH	Month 09 /24	Day Year	•
10 ELECTION	ELECTION DATE Month Day Year  11 / 03 / 98	ELECTION TYPE Primary	Runoff	<b>₹</b> X General	Special
11 OFFICE	OFFICE HELD (# any)		12 OFFICE SOUGHT		
13 DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures a Candidates are required to disclose	re campaign expend	SAME itures made by others w ly if they receive notific	vithout the candidate's prication of the direct campai	r consent or approval
BY OTHER INDIVIDUALS	Name	•		······································	
		N/A	·		, , , , , , , , , , , , , , , , , , ,
additional pages	Address / PO Box Apt / Suite # City	State Zp Code		•	
		GO TO PAG	E 2		

exas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512	)463-5800 1-800-325-8508
JUDICIAL CA SUPPORT &		OFFICEHOLDER		FORM JC/OH COVER SHEET PG 2
14 C/OH NAME	ILFORD FLOWER	s `	16 ACC	OUNT # (Ethics Commission Rers)
18 SUPPORTING POLITICAL COMMITTEE(S)	may have been made	as political expenditures by political com without the candidate's or officeholder's ke only if they receive notice of such exper	nowledge or consent. Candidates	officeholder. These expenditures and officeholders are required to
	COMMITTEE TYPE	COMMITTEE NAME	4.11	
	GENERAL SPECIFIC	COMMITTEE ADDRESS		1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
☐ additional pages		COMMITTEE CAMPAIGN TREASURER NAME		; 1
:		COMMITTEE CAMPAIGN TREASURER ADDRE	SS '.	2 14
CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 S. LOANS, OR GUARANTEES OF LO		\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUAR	ANTEES OF LOANS)	\$ 14,150.00 AMA
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 C	OR LESS, UNLESS ITEMIZED	\$ 31,649.19
·	4. TOTAL	POLITICAL EXPENDITURES		\$ 31,649.19
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTA REPORTING PERIOD	INED AS OF THE LAST DAY	\$ 25,251.42
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTA Y OF THE REPORTING PERIOD	ANDING LOANS AS OF THE	\$ -0-
18 AFFIDAVIT		is true an		ury, that the accompanying report
N ( N	YLVIA R. VELA OTARY PUBLIC State of Texas nm. Exp. 09-17-2000		Signature of Candidate	W or Officeholder
AFFIX NOTARY S	STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the sai		this the31	stday of SEPTEMBER.
Signature of officer adm	The Canal Prince of the Control of t	SYLVIA R. VELA Print name of officer adminis		RY PUBLIC  f officer administering cath
poignature of officer adn	ninistering bath	Print name of officer adminis	ering Ostri	onicer administering dath

# **POLITICAL CONTRIBUTIONS**

OTHER THAN PLEDGES OR LOANS (JUDICIAL) SEE ATTACHED				
The Instructi	ON Guide explains how to complete this form.		1 Total pages Schedu	ule A(J) 25
2 FILER NAM	WILFORD FLOWERS		3 ACCOUNT# (Ethic	s Commission filers)
4 Date	5 Full name of contributor	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable
·	6 Contributor address; City; State; Zip			
9 Contributor's	principal occupation	10 Contributor's joint	title	
11 Contributor's	employer/law firm	12 Law firm of con	tributor's spouse (if an	· ·
13 If contributor is a child, law firm of parent(s) (if any)				
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City: State; Zip	Code		
Contributor's	principal occupation	Contributors jo	b title	
Contributor's	employer/law firm	Jaw firm of cor	tributor's spouse (if ar	ny)
· If contributor	is a child, law firm of parent(s) (if any)			
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State: Zip	Code		
Contributor's	principal occupation	Contributors jo	b title	
Contributor's	s employer/law firm	Law firm of cor	tributor's spouse (If, ar	ly)
If contributor	is a child, law firm of parent(s) (if any)	1	.•	
	ATTACH ADDITIONAL C	COPIES OF THIS FORM	AS NEEDED	
If con	tributor is out-of-state PAC, please see	Instruction guide for		ng requirements.

PLEDGI	ED CONTRIBUTIONS (JUDICIAL)			SCHEDULE B (J)
The Instructi	ON Guide explains how to complete this form.		1 Total pages Sch	·
2 FILER NAM			•	· · · · · · · · · · · · · · · · · · ·
- TICEN HAR	WILFORD FLOWERS		3 ACCOUNT# (E	thics Commission filers)
4 TOTAL	OF UNITEMIZED PLEDGES: ⇔	D D D	\$ \$	\$
5 Date	6 Full name of pledgor	Out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
:	7 Pledgor address; City; State; Zip Coo			
	N/A			1
10 Pledgor's pri	ncipal occupation	44 Pladada isa w		İ
	•	11 Pledgor's job titl		
12 Pledgor's em		13 Law firm of pled	gor's spouse (if any	"
14 If pledgor is a	s child, law firm of parent(s) (if any)		•	
Date	Full name of pledgor	Out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	••••••	, , , ,	(" applicable)
	City, State, Zip Code			İ
			j .	
Pledgor's prin	cipal occupation	; Pledgor's job title	•	<u> </u>
Pledgor's em	ployer/law firm	Law firm of pleds	gor's spouse (if any	)
If pledgor is a	child, law firm of parent(s) (if any)	<u>L </u>		
Date	Full name of pledgor			
	, sand of proof	Out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		İ
•	·		•	<b>!</b> <b>!</b>
Pledgor's prin	cipal occupation			
•		Pledgor's job title	<b></b>	•
Pledgor's emp	oloyer/law firm	Law firm of pledg	or's spouse (if any)	
f pledgor is a	child, law firm of parent(s) (if any)	<u> </u>		
,		-	7	P
	· · · ·	1. 1. No.		. • . •
if contri	ATTACH ADDITIONAL COPIE	S OF THIS FORM A	S NEEDED	•
. II contr	ibutor is out-of-state PAC, please see instru	uction guide for ad	lditļonal reporti	ng requirements.
			•	,
		·		4

Texas Ethics Commi	Treating Toxage	78711-2070	(512) 463-5800	1-800-325-8506
	ONTRIBUTIONS PLEDGES OR LOANS			SCHEDULE A(J)
The Instruction G	Guide explains how to complete this form	1.	1. Total Pages	Schedule A(J):
2. FILER NAME	E: JUDGE WILFORD FLOWERS		3. Account # (	(Ethics Commission filers)
4. Date 98/ 07/ 24	5. Full name of Contributor: out of Steven C. Lee	f state PAC	7. Amount of contributrion (\$) \$250.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code 400 W. 15th Street Suite 1410 Austin, Texas 78701			
9. Contributor's Pr law	incipal occupation	10. Contributor's job t lawyer	title	<u> </u>
10. Contributor's er	mployer/law firm	12. Law firm of contr	ibutor's spouse (i	if any)
13. If contributor is	s a child, law firm of parent(s) (if any)			
4. Date 98/ 07/ 14	5. Full name of Contributor: out of  Law Office of William M. Hines	f state PAC	7. Amount of contributrion (\$) \$250.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code			
	1304 San Antonio, Ste. 201 Austin, Texas 78756			
9. Contributor's Prilaw	incipal occupation	10. Contributor's job t law firm	title	
10. Contributor's en	nployer/law firm	12. Law firm of contri Travis County District	ibutor's spouse (i Attorney's Offic	f any)
13. If contributor is	s a child, law firm of parent(s) (if any)			
4. Date 98/ 07/ 10		state PAC	7. Amount of contributrion (\$)	8. In-kind contribution description (if applicable)
}	Carlos H. Barrera  6. Contributor address: City, State, Zip Code		\$100.00	
	608 W. Oltorf St., Austin, Texas 7870	4	<u>.</u>	i
9. Contributor's Pri Law		10. Contributor's job ti Attorney at Law	itle	
10. Contributor's en	aployer/law firm	12. Law firm of contri	ibutor's spouse (if	fany)
13. If contributor is	a child, law firm of parent(s) (if any)			
If contributor	Attach additional copies	of this form as need	ded'	

If contributor is out-of-state PAC, please see instruction guide for aditional reporting requirements.

Texas Ethics Commis	Tidelin, Texas )	78711-2070	(512) 463-5800	1-800-325-8506	
POLITICAL CO OTHER THAN	NTRIBUTIONS PLEDGES OR LOANS			SCHEDULE A(J)	
The Instruction G	uide explains how to complete this form		1. Total Pages	Schedule A(J):	
2. FILER NAME	E: JUDGE WILFORD FLOWERS		3. Account#	Ethics Commission filers)	
4. Date 98/ 08/ 25	5. Full name of Contributor: out of state PAC  Ira L. Davis		7. Amount of contributrion (\$) \$250.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City, State, Zip Code 1012 Rio Grande Austin, Texas 78701				
9. Contributor's Pr		10. Contributor's job lawyer	title		
10. Contributor's employer/law firm		12. Law firm of contr	ributor's spouse (	if any)	
13. If contributor is	s a child, law firm of parent(s) (if any)				
4. Date 98/ 08/ 25	5. Full name of Contributor: out of state PAC  Chester S. Beattie Jr.		7. Amount of contributrion (\$) \$25.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City, State, Zip Code		1		
	1405 Lost Creek Blvd. Austin, Texas 78746				
9. Contributor's Pr	incipal occupation	10. Contributor's job title			
10. Contributor's er	nployer/law firm	12. Law firm of contributor's spouse (if any)			
13. If contributor is	s a child, law firm of parent(s) (if any)				
4. Date 98/ 08/ 12	5. Full name of Contributor: out of C. Kent Olson	state PAC	7. Amount of contributrion (\$) \$1,000.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City, State, Zip Code 4303 Shoal Creek Blvd., Austin, Texa				
9. Contributor's Principal occupation		10. Contributor's job title			
10. Contributor's employer/law firm		12. Law firm of contributor's spouse (if any)			
13. If contributor is	s a child, law firm of parent(s) (if any)		<u>,</u>	P	
If contributor	Attach additional copies of this form as needed If contributor is out-of-state PAC, please see instruction guide for aditional reporting requirements.				

Texas Ethics Commi		78711-2070	(512) 463-5800	1-800-325-8506
	ONTRIBUTIONS PLEDGES OR LOANS			SCHEDULE A(J)
The Instruction G	Suide explains how to complete this form	i.	1. Total Pages	Schedule A(J):
2. FILER NAM	E: JUDGE WILFORD FLOWERS		3. Account#	(Ethics Commission filers)
4. Date 98/ 08/ 12	Chris Rolig		7. Amount of contributrion (\$) \$100.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code 815-A Brazos #403, Austin, Texas 78	701		
9. Contributor's P bail bondsman	rincipal occupation	10. Contributor's job bondsman	title	
10. Contributor's e	mployer/law firm	12. Law firm of contr	ributor's spouse (	if any)
13. If contributor	is a child, law firm of parent(s) (if any)			***
4. Date 98/ 08/ 12	5. Full name of Contributor: out of state PAC  Dawn Dittman Coronado  6. Contributor address: City, State, Zip Code  5602 Palisade Ct. Austin, Texas 78731		7. Amount of contributrion (\$) \$100.00	8. In-kind contribution description (if applicable)
9. Contributor's P	rincipal occupation	10. Contributor's job Criminal Law M	title Magistrate	
10. Contributor's e	mployer/law firm	12. Law firm of contributor's spouse (if any)		
13. If contributor i	s a child, law firm of parent(s) (if any)			
4. Date 98/ 08/ 12	Santiago S. Coronado	state PAC	7. Amount of contribution (\$) \$100.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code  5602 Palisade Court Austin, Texas 78731			
9. Contributor's Principal occupation 10. 0		10. Contributor's job	itle	
10. Contributor's employer/law firm		12. Law firm of contributor's spouse (if any)		
13. If contributor i	s a child, law firm of parent(s) (if any)			· · · · · · · · · · · · · · · · · · ·
If contributo	Attach additional copies	s of this form as nee	ded	

Texas Ethics Commi	Trootin, Toxas	78711-2070	(512) 463-5800	1-800-325-8506
	ONTRIBUTIONS PLEDGES OR LOANS			SCHEDULE A(J)
The Instruction G	Guide explains how to complete this form	l.	1. Total Pages	Schedule A(J): 25
2. FILER NAMI	E: JUDGE WILFORD FLOWERS		3. Account#	(Ethics Commission filers)
4. Date 98/ 09/ 24	5. Full name of Contributor: out of	f state PAC	7. Amount of contributrion (\$)	8. In-kind contribution description (if applicable)
	Candice L. Caperton		\$25.00	
	6. Contributor address: City, State, Zip Code		]	
	400 W. 15th Street, Suite 620 Austin, Texas 78701			
9. Contributor's Pr law	rincipal occupation	10. Contributor's job lawyer	title	
10. Contributor's e	mployer/law firm	12. Law firm of contr	ributor's spouse (i	if any)
13. If contributor i	s a child, law firm of parent(s) (if any)			<del></del>
4. Date 98/ 09/ 24	5. Full name of Contributor: out of	state PAC	7. Amount of contributrion (\$)	8. In-kind contribution
76/ 03/ 24	Claude E. Ducloux		\$50.00	description (if applicable)
	6. Contributor address: City, State, Zip Code 3512 Native Dancer Cove., Austin, Te	exas 78746		
9. Contributor's Pr law	incipal occupation	10. Contributor's job t lawyer	title	
10. Contributor's er	mployer/law firm	12. Law firm of contr	ibutor's spouse (i	f any)
13. If contributor is	s a child, law firm of parent(s) (if any)			
4. Date	5. Full name of Contributor: out of	state PAC	7. Amount of	8. In-kind contribution
98/ 09/ 24	Vincent Wallace Aldridge		contributrion (\$) \$150.00	description (if applicable)
	6. Contributor address: City, State, Zip Code			
	1101 Navasota St., Ste. 1 Austin, Texas 78702			
9. Contributor's Pri law	incipal occupation	10. Contributor's job t	itle	
10. Contributor's en	nployer/law firm	12. Law firm of contri	ibutor's spouse (i	f any)
13. If contributor is	s a child, law firm of parent(s) (if any)			_
If contributor	Attach additional copies r Is out-of-state PAC, please see instr	of this form as nee	ded	requirements
	<del></del>	3	"ona reporting	requirements.

# 4. Date 98/09/24 | Diane M. Henson | Substitution 
Attach additional copies of this form as needed for additional reporting requirements.

Texas Ethics Comm	7 tostili, Texas	78711-2070	(512) 463-5800	1-800-325-8506
OTHER THAN	ONTRIBUTIONS PLEDGES OR LOANS	<u> </u>		SCHEDULE A(J)
The Instruction Guide explains how to complete this form.		1. Total Pages	Schedule A(J):	
2. FILER NAM	E: JUDGE WILFORD FLOWERS		3. Account #	(Ethics Commission filers)
4. Date 98/ 09/ 24	5. Full name of Contributor: out of state PAC H. Allen Hill, Jr.		7. Amount of contributrion (\$) \$125.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code 400 W. 15th St., Ste. 750 Austin, Texas 78701			
9. Contributor's Principal occupation 10. Contributor's job lawyer		title		
10. Contributor's employer/law firm 12. Law firm of conf		tributor's spouse (if any)		
13. If contributor i	s a child, law firm of parent(s) (if any)			
4. Date 98/ 09/ 24  5. Full name of Contributor: out of state PAC  Giselle Horton  6. Contributor address: City, State, Zip Code			7. Amount of contribution (\$) \$100.00	8. In-kind contribution description (if applicable)
9. Contributor's Principal occupation Law 10. Contribut		78756 10. Contributor's job t	title Assistant (	County Attorney
10. Contributor's employer/law firm 12. Law firm		12. Law firm of contr	ibutor's spouse (i	f any)
13. If contributor is	s a child, law firm of parent(s) (if any)			
If contributo	Attach additional coples r is out-of-state PAC, please see instr	of this form as nee uction guide for adi	ded tional reporting	requirements.

Texas Ethics Commis	Trucking reads r	78711-2070	(512) 463-5800	1-800-325-8506	
POLITICAL CO OTHER THAN I	NTRIBUTIONS PLEDGES OR LOANS			SCHEDULE A(J)	
The Instruction G	uide explains how to complete this form	J.	1. Total Pages	Schedule A(J):	
2. FILER NAME	E: JUDGE WILFORD FLOWERS		3. Account # (	(Ethics Commission filers)	
4. Date 98/ 09/ 24	5. Full name of Contributor: out of state PAC  Connie J. Kelley		7. Amount of contributrion (\$) \$50.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City, State, Zip Code 603 W. 13th St., Suite 1A-221, Austin	n, Texas 78701			
9. Contributor's Pr law	incipal occupation	10. Contributor's job lawyer	title		
10. Contributor's er	mployer/law firm	12. Law firm of conti	ributor's spouse (	if any)	
13. If contributor is	s a child, law firm of parent(s) (if any)				
4. Date 98/ 09/ 24	5. Full name of Contributor: out of Orlando S. Mata	f state PAC	7. Amount of contribution (\$) \$75.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City, State, Zip Code		1		
	94 East Ave. Austin, Texas 78701	!			
9. Contributor's Prilaw	incipal occupation	10. Contributor's job lawyer	s job title		
10. Contributor's er	nployer/law firm	12. Law firm of contributor's spouse (if any)			
13. If contributor is	s a child, law firm of parent(s) (if any)			<del></del>	
4. Date 98/ 09/ 24	5. Full name of Contributor: out of  Mark P. McCrimmon	State PAC	7. Amount of contributrion (\$) \$50.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City, State, Zip Code		<b>\$50.00</b>		
	1504 West Ave., Austin, Texas 78701				
9. Contributor's Principal occupation 10. Co		10. Contributor's job ( lawyer	litle	<u> </u>	
10. Contributor's employer/law firm		12. Law firm of contributor's spouse (if any)			
13. If contributor is	s a child, law firm of parent(s) (if any)				
if contributo	Attach additional copies of this form as needed  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

Texas Ethics Commis	ssion P.O. Box 12070 Austin, Texas 7	8711-2070	(512) 463-5800	1-800-325-8506		
	POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A(J)					
The Instruction G	The Instruction Guide explains how to complete this form.		1. Total Pages	Schedule A(J): 25		
2. FILER NAME: JUDGE WILFORD FLOWERS		3. Account # (	(Ethics Commission filers)			
4. Date 98/ 09/ 24	5. Full name of Contributor: out of state PAC		7. Amount of contributrion (\$)	8. In-kind contribution description (if applicable)		
761 071 27	Tom O'Leary		\$100.00			
	6. Contributor address: City, State, Zip Code					
	704 West Ninth Street, Austin, Texas	78701				
9. Contributor's Principal occupation 10. Contributor law lawyer		10. Contributor's job lawyer	ob title			
10. Contributor's employer/law firm 12. Law firm of cont		12. Law firm of contr	ributor's spouse (if any)			
13. If contributor is	s a child, law firm of parent(s) (if any)					
4. Date 98/ 09/ 24	5. Full name of Contributor: out of	state PAC	7. Amount of contributrion (\$)	8. In-kind contribution description (if applicable)		
70/ 07/ 24	J. J. Pickle		\$50.00			
	6. Contributor address: City, State, Zip Code c/ o 111 Congress Suite 1400, Austin,	Texas 78701				
9. Contributor's Principal occupation 10 Retired		10. Contributor's job title				
10. Contributor's employer/law firm		12. Law firm of contr	ributor's spouse (	if any)		
13. If contributor is	s a child, law firm of parent(s) (if any)					
If contributo	Attach additional copies of this form as needed If contributor is out-of-state PAC, please see instruction guide for aditional reporting requirements.					

. 4

Attach additional copies of this form as needed If contributor is out-of-state PAC, please see Instruction guide for aditional reporting requirements.

Texas Ethics Commi	Troodin, Toxas i	78711-2070	(512) 463-5800	1-800-325-8506	
	NTRIBUTIONS PLEDGES OR LOANS			SCHEDULE A(J)	
The Instruction G	uide explains how to complete this form	ı <b>.</b>	1. Total Pages	Schedule A(J): 25	
2. FILER NAMI	E: JUDGE WILFORD FLOWERS	•	3. Account # (	Ethics Commission filers)	
4. Date 98/ 09/ 24	i		7. Amount of contributrion (\$) \$125.00	8. In-kind contribution description (if applicable)	
	1907 Schulle Avenue, Austin, Texas	78703			
9. Contributor's Pr	rincipal occupation	10. Contributor's job lawyer	title		
10. Contributor's e	mployer/law firm	12. Law firm of conti	ributor's spouse (i	if any)	
13. If contributor i	s a child, law firm of parent(s) (if any)				
4. Date 98/ 09/ 24	5. Full name of Contributor: out of state PAC  Michael B. Walker		7. Amount of contribution (\$) \$25.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City, State, Zip Code 1621 W. Sixth, Austin, Texas 78703				
9. Contributor's Pr		10. Contributor's job lawyer	ob title		
10. Contributor's er	mployer/law firm	12. Law firm of contributor's spouse (if any)			
13. If contributor is	s a child, law firm of parent(s) (if any)		<del> </del>		
4. Date 98/ 09/ 24	5. Full name of Contributor: out of Walker Arenson	state PAC	7. Amount of contributrion (\$) \$50.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City, State, Zip Code  901 MoPac Expressway S., Suite 420  Austin, Texas 78746-5747				
9. Contributor's Principal occupation		10. Contributor's job t lawyer	itle		
10. Contributor's employer/law firm		12. Law firm of contributor's spouse (if any)			
13. If contributor is	a child, law firm of parent(s) (if any)				
If contributor	Attach additional copies	of this form as nee	ded '		

Texas Ethics Commi	ission P.O. Box 12070 Austin, Texas 7	8711-2070	(512) 463-5800	1-800-325-8506
	ONTRIBUTIONS PLEDGES OR LOANS			SCHEDULE A(J)
The Instruction G	Guide explains how to complete this form	•	1. Total Pages	Schedule A(J): 25
2. FILER NAM	E: JUDGE WILFORD FLOWERS			Ethics Commission filers)
4. Date 98/09/14	5. Full name of Contributor: out of	state PAC	7. Amount of contributrion (\$)	8. In-kind contribution description (if applicable)
7 0, 02, 1	Ned Granger		\$500.00	İ
	6. Contributor address: City, State, Zip Code			
	605 W. 10th St., Austin, Texas 78701			
9. Contributor's P law	rincipal occupation	10. Contributor's job law firm	title	
10. Contributor's	employer/law firm	12. Law firm of cont	ributor's spouse (	if any)
13. If contributor	is a child, law firm of parent(s) (if any)			
4. Date	5. Full name of Contributor: out of	State PAC	7. Amount of contributrion (\$)	8. In-kind contribution description (if applicable)
98/ 09/ 14	William M. Hines		\$500.00	description (if applicable)
	6. Contributor address: City, State, Zip Code Law Office of William M. Hines 1304 San Antonio, Ste. 201, Austin, 7	Гехаs 78756		
9. Contributor's P	rincipal occupation	10. Contributor's job title law firm		
10. Contributor's	employer/law firm	12. Law firm of contributor's spouse (if any) Travis County District Attorney's Office		
13. If contributor	is a child, law firm of parent(s) (if any)	<del>*</del>		
4. Date	5. Full name of Contributor: out of	f state PAC	7. Amount of contributrion (\$)	8. In-kind contribution
98/ 09/ 14	Scott McCown Campaign		\$500.00	description (if applicable)
	6. Contributor address: City, State, Zip Code 1005 Congress Ave., Ste. 1050, Austin, Texas 78701			
9. Contributor's Principal occupation law		10. Contributor's job title		
10. Contributor's employer/law firm		12. Law firm of contributor's spouse (if any)		(if any)
13. If contributor	is a child, law firm of parent(s) (if any)			** *
If contribut	Attach additional copie or is out-of-state PAC, please see inst	es of this form as ne ruction guide for ad	eded litional reportir	ng requirements.

rexas Ethics Commis	ssion P.O. Box 12070 Austin, Texas 7	<b>8711-2070</b>	(512) 463-5800	1-800-325-8506
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A(J)				
The Instruction G	uide explains how to complete this form	•	1. Total Pages	Schedule A(J):
2. FILER NAME	E: JUDGE WILFORD FLOWERS		3. Account # (	Ethics Commission filers)
4. Date 98/ 09/ 14	5. Full name of Contributor: out of Fred A. Moore	state PAC	7. Amount of contributrion (\$) \$100.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code			
	P.O. Box 457, Lockhart, Texas 78644	-0457		
9. Contributor's Pr Judge	incipal occupation	10. Contributor's job Judge	title	
10. Contributor's er	nployer/law firm	12. Law firm of contr	ibutor's spouse (	if any)
13. If contributor is a child, law firm of parent(s) (if any)				
4. Date 5. Full name of Contributor: out of 98/09/21 J. Michael Chargois		state PAC	7. Amount of contributrion (\$) \$1,000.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code P.O. Box 201930, Austin, Texas 7872	:0-1930		
9. Contributor's Pri Automobile Sales	incipal occupation	10. Contributor's job title Owner of a Car Dealership		
10. Contributor's en	nployer/law firm	12. Law firm of contributor's spouse (if any)		
13. If contributor is	s a child, law firm of parent(s) (if any)		•	
4. Date 5. Full name of Contributor: out of 98/ 09/ 21 Lowell Clayton		state PAC	7. Amount of contributrion (\$) \$500.00	8. In-kind contribution description (if applicable)
6. Contributor address: City, State, Zip Code 700 San Antonio St., Austin, Texas 78701				
9. Contributor's Principal occupation law		10. Contributor's job t lawyer	iitle .	
10. Contributor's employer/law firm		12. Law firm of contr	ibutor's spouse (i	f any)
13. If contributor is a child, law firm of parent(s) (if any)				
If contributor	Attach additional copie r is out-of-state PAC, piease see instr	в of this form as nee ruction guide for adi	ded tional reporting	g requirements. "
	· · · · · · · · · · · · · · · · · · ·			

Texas Ethics Commis	ssion P.O. Box 12070 Austin, Texas 7	(512) 463-5800	1-800-325-8506		
	POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A(1)				
	OOTED CLE A(O)				
The Instruction G	uide explains how to complete this form	l <b>.</b>	1. Total Pages	Schedule A(J): 25	
2. FILER NAME	E: JUDGE WILFORD FLOWERS		3. Account#(	Ethics Commission filers)	
4. Date 98/ 09/ 21		state PAC	7. Amount of contributrion (\$)	8. In-kind contribution description (if applicable)	
	Stephen B. Edwards	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	\$250.00		
	6. Contributor address: City, State, Zip Code				
	812 San Antonio St., Suite 304, Austi	n, Texas 78701			
9. Contributor's Pr	incipal occupation	10. Contributor's job lawyer	title		
10. Contributor's ca	mployer/law firm	12. Law firm of contr	ributor's spouse (	if any)	
13. If contributor is a child, law firm of parent(s) (if any)					
4. Date	5. Full name of Contributor: out of	state PAC	7. Amount of contributrion (\$)	8. In-kind contribution description (if applicable)	
98/ 09/ 21	98/ 09/ 21 Raymond M. Espersen		\$250.00		
	6. Contributor address: City, State, Zip Code	~			
	P.O. Box 2492, Austin, Texas 78767				
9. Contributor's Pr law	incipal occupation	10. Contributor's job title lawyer			
10. Contributor's er	mployer/law firm	12. Law firm of contributor's spouse (if any)			
13. If contributor is	s a child, law firm of parent(s) (if any)				
4. Date	5. Full name of Contributor: out of	state PAC	7. Amount of 8. In-kind contribution		
98/09/21	Milton B. Flemings		contributrion (\$) \$1,000.00	description (if applicable)	
6. Contributor address: City, State, Zip Code 9203 Knoll Crest Loop, Austin, Texas 78759-7137					
Contributor's Principal occupation     Retired		10. Contributor's job title			
10. Contributor's employer/law firm		12. Law firm of contributor's spouse (if any)			
13. If contributor is	13. If contributor is a child, law firm of parent(s) (if any)				
If contributor	Attach additional copies	s of this form as nee	eded		
If contributor is out-of-state PAC, please see instruction guide for aditional reporting requirements.					

Texas Ethics Commis	ssion P.O. Box 12070 Austin, Texas 7	8711-2070	(512) 463-5800	1-800-325-8506	
POLITICAL CO OTHER THAN I	NTRIBUTIONS PLEDGES OR LOANS			SCHEDULE A(J)	
The Instruction G	The Instruction Guide explains how to complete this form.			Schedule A(J): 25	
2. FILER NAME	E: JUDGE WILFORD FLOWERS		3. Account#	Ethics Commission filers)	
4. Date 98/ 09/ 21	5. Full name of Contributor: out of state PAC  Ms. H. Denise Nance Pierce  6. Contributor address: City, State, Zip Code  4204 Reynosa, Austin, Texas 78739		7. Amount of contributrion (\$) \$100.00	8. In-kind contribution description (if applicable)	
9. Contributor's Pr law	incipal occupation	10. Contributor's job lawyer	title	,	
10. Contributor's er Bickerstaff, Heath,	mployer/law firm Smiley, Pollan, Kever & McDaniel, LLP	12. Law firm of conti	ibutor's spouse (	if any)	
13. If contributor is	s a child, law firm of parent(s) (if any)				
4. Date 98/ 09/ 21	5. Full name of Contributor: out of Whitehurst, Harkness, Ozmun & Arch	contributrion (\$) description (i		8. In-kind contribution description (if applicable)	
	6. Contributor address: City, State, Zip Code			i !	
	P.O. Box 1802, Austin, Texas 7767				
9. Contributor's Prilaw	incipal occupation	10. Contributor's job title law firm			
10. Contributor's er	nployer/law firm	12. Law firm of contributor's spouse (if any)			
13. If contributor is	s a child, law firm of parent(s) (if any)		-		
4. Date 5. Full name of Contributor: out of 98/09/21 Williams & Forsythe		state PAC	7. Amount of contribution (\$) \$1,000.00	8. In-kind contribution description (if applicable)	
6. Contributor address: City, State, Zip Code 1100 West Avenue, Austin, Texas 78701					
9. Contributor's Principal occupation law		10. Contributor's job law firm	litle		
10. Contributor's employer/law firm		12. Law firm of contributor's spouse (if any)		if any)	
13. If contributor is	s a child, law firm of parent(s) (if any)				
If contributor	Attach additional copies of this form as needed  If contributor is out-of-state PAC, please see instruction guide for aditional reporting requirements.				
				-	

Texas Ethics Commis	sion P.O. Box 12070 Austin, Texas 7	(512) 463-5800	1-800-325-8506		
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A(J)					
The Instruction Gu	uide explains how to complete this form.	1. Total Pages	Schedule A(J): 25		
2. FILER NAME	: JUDGE WILFORD FLOWERS		3. Account # (	Ethics Commission filers)	
4. Date 98/ 09/ 21	5. Full name of Contributor: out of	state PAC	7. Amount of contributrion (\$)	8. In-kind contribution description (if applicable)	
50, 03, 21	Douglas C. Wise		\$125.00		
:	6. Contributor address: City, State, Zip Code				
	1201 West 45th Street, Austin, Texas	78756			
9. Contributor's Prilaw	incipal occupation	10. Contributor's job t	title		
10. Contributor's er	nployer/law firm	12. Law firm of contributor's spouse (if any)			
13. If contributor is a child, law firm of parent(s) (if any)					
4. Date 98/ 09/ 24	5. Full name of Contributor: out of	state PAC	7. Amount of contributrion (\$)	8. In-kind contribution description (if applicable)	
98/ 09/ 24	David Kerbow		\$125.00		
	6. Contributor address: City, State, Zip Code				
	8615 Willowick, Austin, Texas 78759	,			
9. Contributor's Pr Resturant	incipal occupation	10. Contributor's job title Owner			
10. Contributor's er	nployer/law firm	12. Law firm of contributor's spouse (if any)			
13. If contributor is	s a child, law firm of parent(s) (if any)				
4. Date	5. Full name of Contributor: out of			8. In-kind contribution description (if applicable)	
98/ 09/ 24	Catherine Fryer		\$125.00	description (it applicable)	
	6. Contributor address: City, State, Zip Code		1		
5504 Woodview, Austin, Texas 78756					
Contributor's Principal occupation     law		10. Contributor's job lawyer	title		
10. Contributor's er Bickerstaff, Heath,	nployer/law firm Smiley, Pollan, Kever & McDaniel, LLP	12. Law firm of contributor's spouse (if any)			
13. If contributor is a child, law firm of parent(s) (if any)					

Attach additional copies of this form as needed if contributor is out-of-state PAC, please see instruction guide for aditional reporting requirements.

	Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070			1-800-325-8506	
	NTRIBUTIONS PLEDGES OR LOANS			SCHEDULE A(J)	
The Instruction G	uide explains how to complete this form	ı <b>.</b>	1. Total Pages	Schedule A(J): 25	
2. FILER NAME	E: JUDGE WILFORD FLOWERS		3. Account # (	(Ethics Commission filers)	
4. Date 98/ 09/ 24		f state PAC	7. Amount of contributrion (\$) \$125.00	8. In-kind contribution description (if applicable)	
	M. H. Crockett, Jr.		φ123.00		
	6. Contributor address: City, State, Zip Code				
	P.O. Box 2066, Austin, Texas 78768-	<u> </u>			
9. Contributor's Pr	incipal occupation	10. Contributor's job	title		
10. Contributor's e	mployer/law firm	12. Law firm of contr	ributor's spouse (i	if any)	
13. If contributor i	s a child, law firm of parent(s) (if any)			-	
4. Date	5. Full name of Contributor: out of	state PAC	7. Amount of contributrion (\$)	8. In-kind contribution	
98/ 09/ 24	James L. Arth		\$50.00	description (if applicable)	
	6. Contributor address: City, State, Zip Code				
	812 San Antonio St., Suite 406, Austi	n, Texas 78701			
9. Contributor's Pr law	incipal occupation	10. Contributor's job title lawyer			
10. Contributor's er	mployer/law firm	12. Law firm of contributor's spouse (if any)			
13. If contributor is	s a child, law firm of parent(s) (if any)				
4. Date 98/ 09/ 24	5. Full name of Contributor: out of	state PAC	7. Amount of contributrion (\$)	8. In-kind contribution description (if applicable)	
	Stella L. Spencer		\$100.00	, and the second	
	6. Contributor address: City, State, Zip Code				
	6910 Mac Zali Drive, Missouri City, 7	Гехаѕ 77489			
9. Contributor's Pri Education	incipal occupation	10. Contributor's job t Teacher	itle	-	
10. Contributor's en	nployer/law firm	12. Law firm of contri	ibutor's spouse (i	f any)	
13. If contributor is	s a child, law firm of parent(s) (if any)		<del></del>		
If contributor	Attach additional copies of this form as needed  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				
guide for aditional reporting requirements.					

if contributor is out-of-state PAC, please see instruction guide for aditional reporting requirements.

Texas Ethics Commi	Ission P.O. Box 12070 Austin, Texas 7	/8711-2070	(512) 463-5800	1-800-325-8506	
	ONTRIBUTIONS PLEDGES OR LOANS			SCHEDULE A(J)	
The Instruction G	Guide explains how to complete this form	1.	1. Total Pages	Schedule A(J): 25	
2. FILER NAMI	E: JUDGE WILFORD FLOWERS			(Ethics Commission filers)	
4. Date 98/ 09/ 24	5. Full name of Contributor: out of Charles D. Grant Jr.	f state PAC	7. Amount of contributrion (\$) \$250.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City, State, Zip Code 800 Brazos, Ste. 1010, Austin, Texas	78701			
9. Contributor's Pi law	rincipal occupation	10. Contributor's job lawyer	title	I	
10. Contributor's e	:mployer/law firm	12. Law firm of conti	ributor's spouse (	if any)	
13. If contributor i	13. If contributor is a child, law firm of parent(s) (if any)				
4. Date 98/ 09/ 24	5. Full name of Contributor: out of R. L. Buford, Jr.	f state PAC	7. Amount of contribution (\$) \$125.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City, State, Zip Code				
	1610 Northumberland Rd., Austin, Te	xas 78703			
9. Contributor's Pi law	rincipal occupation	10. Contributor's job title lawyer			
10. Contributor's e	mployer/law firm	12. Law firm of contributor's spouse (if any)			
13. If contributor i	is a child, law firm of parent(s) (if any)			4	
4. Date 98/ 09/ 24	5. Full name of Contributor: out of Michael L. Brandes	f state PAC	7. Amount of contributrion (\$) \$50.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City, State, Zip Code				
	P.O. Box 1421, Austin, Texas 78767				
9. Contributor's Pr law	rincipal occupation	10. Contributor's job lawyer	title		
10. Contributor's e	mployer/law firm	12. Law firm of contr	ributor's spouse (	if any)	
13. If contributor i	is a child, law firm of parent(s) (if any)				
If contribute	Attach additional copie or is out-of-state PAC, please see instr	s of this form as nec	eded Itional reportin	g requirements	

Texas Ethics Commis	ssion P.O. Box 12070 Austin, Texas 7	8711-2070	(512) 463-5800	1-800-325-8506	
	POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A(J)				
The Instruction Gu	uide explains how to complete this form.	•	1. Total Pages	Schedule A(J): 25	
2. FILER NAME	E: JUDGE WILFORD FLOWERS		3. Account # (	Ethics Commission filers)	
4. Date 98/ 09/ 24	5. Full name of Contributor: out of Robert R. Swafford	state PAC	7. Amount of contributrion (\$) \$25.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City, State, Zip Code				
	1513 West 6th St., Suite B, Austin, To	exas 78703			
9. Contributor's Pr law	incipal occupation	10. Contributor's job t lawyer	title		
10. Contributor's er	nployer/law firm	12. Law firm of contr	ibutor's spouse (i	if any)	
13. If contributor is a child, law firm of parent(s) (if any)					
4. Date 98/ 09/ 24	5. Full name of Contributor: out of	state PAC	7. Amount of 8. In-kind contribution contribution (\$) description (if applicable)		
90/ 09/ 24	Tom Reaviey		\$50.00	dosarphon (it approaches	
	6. Contributor address: City, State, Zip Code				
	1301 W. 25th St., Ste. 525, Austin, Te	xas 78705			
9. Contributor's Prilaw	incipal occupation	10. Contributor's job ( lawyer	title		
10. Contributor's en	nployer/law firm	12. Law firm of contributor's spouse (if any)			
13. If contributor is	s a child, law firm of parent(s) (if any)				
4. Date 98/ 09/ 24	5. Full name of Contributor: out of Dr. August Swain	state PAC	7. Amount of contributrion (\$) \$125.00	8. In-kind contribution description (if applicable)	
	6. Contributor address: City, State, Zip Code				
10403 Pinehurst Dr. Austin, Texas 78747					
9. Contributor's Pri	incipal occupation	10. Contributor's job t	litle		
10. Contributor's en	nployer/law firm	12. Law firm of contributor's spouse (if any)			
13. If contributor is a child, law firm of parent(s) (if any)					

Attach additional copies of this form as needed If contributor is out-of-state PAC, please see instruction guide for aditional reporting requirements.

13. If contributor is a child, law firm of parent(s) (if any)

Attach additional copies of this form as needed if contributor is out-of-state PAC, please see instruction guide for aditional reporting requirements.

Texas Ethics Commi	ssion P.O. Box 12070 Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
	ONTRIBUTIONS PLEDGES OR LOANS			SCHEDULE A(J)
The Instruction Guide explains how to complete this form.			1. Total Pages	Schedule A(J):
2. FILER NAME: JUDGE WILFORD FLOWERS			3. Account#	(Ethics Commission filers)
4. Date 98/ 09/ 09	5. Full name of Contributor: out of state PAC Fred Bomar		7. Amount of contributrion (\$) \$400.00	8. In-kind contribution description (if applicable)
	6. Contributor address: City, State, Zip Code P.O. Box 17575 Austin, Texas 78760			
Contributor's Principal occupation religion		10. Contributor's job priest	title	
10. Contributor's employer/law firm		12. Law firm of cont	ributor's spouse (	if any)
13. If contributor	is a child, law firm of parent(s) (if any)		··········	
If contribute	Attach additional copie or is out-of-state PAC, please see insi	es of this form as ne truction guide for ad	eded Itional reportin	g requirements.

LOANS (J			\$	SCHEDULE E (J)	
The Instruction Gui	pe explains how to complete this form.		1 Total pages Sch	edule E(J):	
2 FILER NAME	WILFORD FLOWERS		3 ACCOUNT # (EI	hics Commission filers)	
4 TOTA	AL OF UNITEMIZED LOANS: ⇔	<b>\$</b> \$ \$	\$ \$	\$	
5 Date of loan	7 Name of lender	out of state PAC		9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address, City, State, Zip	Code	• • • • • • • • • • • • • • • • • • • •	10 Interest rate	
Y N	,			11 Matunty date	
12 Lender's Principal Oc	cupation	13 Lender's Job Title			
14 Lender's Employer/La	ıw Frim	15 Law Firm of lende	er's spouse (if any)	<u> </u>	
16 If lender is child, law firm of parent(s) (if any)					
17 Description of Collate none 18 GUARANTOR INFORMATION not applicable	19 Name of guarantor	Code		21 Amount Guaranteed (\$)	
22 Guarantor's Principal	Occupation	23 Guarantor's Job Ti	inte		
24 Guarantor's Employer					
<u> </u>		25 Law Firm of guara	intor's spouse (if any)		
26 If guarantor is child, law firm of parent(s) (if any)					
if lender	ATTACH ADDITIONAL COPI is out-of-state PAC, please see instruc	ES OF THIS FORM A ction guide for addi	AS NEEDED itional reporting	ı requirements.	
· :		· :	•		

	ission P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800 1-800-325-8
POLITIC	CAL DITURES		SCHEDULE F
The Instruction	N Guios explains how to complete	this form.	1 Total pages Schedule F:
FILER NAME	WILFORD FLOWERS	3	3 ACCOUNT # (Ethics Commission filers)
Date	5 Payee name		7 Amount (\$)
	6 Payee address; City	; State, Zip Code	
Purpose of ex	penditure	9 Complete if dire Candidate / Office	ct expenditure to benefit C/OH ++ holder name Office sought / held
Date	Payee name		Amount
, 55.0			(\$)
•	Payee address, City	, State; Zip Code	<i>f</i>
<del></del>			
Purpose of ex	penditure	Cômplete if dire Cándidate / Office	ct expenditure to benefit C/OH holder name Office sought / held
			•
	<u> </u>		
Date	Payee name		Amount (\$)
	Payee address; City	, State, Zip Code	
		/	4 * * * * * * * * * * * * * * * * * * *
Purpose of ex	penditure	·· Complete if dire Candidate / Office	ct expenditure to benefit C/OH holder name Office sought / held
Date	Payee name		Amount (\$)
	Payee address; City	y; State; Zip Code	
_		· .	
Purpose of ex	penditure	Complete if dire Candidate / Office	nct expenditure to benefit C/OH holder name Office sought / held
<u> </u>	<del></del>		
	ATTACH AD	DITIONAL COPIES OF THIS FORM	AS NEEDED

Austin, Texas 78711-2070

Texas Ethics Commission

P.O. Box 12070

### 1-800-325-8506 **POLITICAL EXPENDITURES** SCHEDULE F The Instruction Guide Explains how to complete this form 1.Total pages Schedule F: 1 2. FILER NAME: JUDGE WILFORD FLOWERS 3. Account # (Ethics commission filers) 5. Payee Name 4. Date 7. Amount (\$) YWCA \$100.00 08/20/98 6. Payee Address: (City, State, Zip Code) 1524 South IH 35, Ste. 315, Austin, TX 78704 8. Purpose of Expenditure: 9. \*\*complete if direct expenditure to benefit C/OH \*\* Candidate/Officer holder name Office sought/held Registration 4. Date 5. Payee Name 7. Amount (\$) **Ace Printing** \$1,000.00 9/1/98 6. Payee Address: (City, State, Zip Code) P.O. Box 13522, Austin, Texas 78711 8. Purpose of Expenditure: 9. \*\*complete if direct expenditure to benefit C/OH \*\* Candidate/Officer holder name Office sought/held deposit on printing of campaign signs 5. Payee Name 4. Date 7. Amount (\$) Safe Place 9/8/98 \$100.00 6. Payee Address: (City, State, Zip Code) P.O. Box 19454, Austin, Texas 78760 8. Purpose of Expenditure: 9. \*\*complete if direct expenditure to benefit C/OH \*\* Candidate/Officer holder name Office sought/held sponsorship ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

		IAL CANDIDATE / OFFICEHOLDER R	EPORT: FORM JC/OH - FR
	The JC	OH instruction Guide explains how to complete this form inplete only if "Report Type" on JC/OH page 1 is marked "	Final Report" ↔
1	C/OH I	WILFORD FLOWERS	2 ACCOUNT # (Ethics Commission Ners)
3	SIGNA	TURE	
	a repo	ot expect any further political contributions or political expenditures in conne ort as a final report terminates my campaign treasurer appointment. I a outions or make any campaign expenditures without a campaign treasurer	also understand that I may not accept any campaign
			Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are a candidate ••	
	<b>A</b> .	CAMPAIGN FUNDS	·
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or incom	e earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned convert unexpended political contributions or unexpended interest or income also understand that I must file an annual report of unexpended contribution or unexpended interest or income earned on political contributions longer understand that I must dispose of unexpended political contributions a contributions in accordance with the requirements of Election Code, § 25-	ome earned on political contributions to personal use. I cons and that I may not retain unexpended contributions or than six years after filing this final report. Further, I and unexpended interest or income earned on political
	8.	ASSETS	
		k only one:	·
		I do not retain assets purchased with political contributions or interest or	other income from political contributions.
		I do retain assets purchased with political contributions or interest or othe I may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with pol of Election Code, § 254,204.	or other income from political contributions to personal
			Signature of Candidate
5		EHOLDER	
	⊶ Com	plete this section only if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an office	eholder who does not have a campaign treasurer
		appointment on file.	
			Signature of Officeholder
_			

MADE	ICAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instructi	non Guide explains how to complete this form.	1 Total pages Sch	edule G: -1-
2 FILER NAM	ME WILFORD FLOWERS	3 ACCOUNT# (E	
4 Date	5 Payee name		8 Amount (\$)
	6 Payee address, City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	
	N/A		
	7 Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name		Amount
	Payee address. City; State: Zip Code		(\$)
	Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name .		Amount (\$)
	Payee address: City; State; Zip Code  Purpose of expenditure		Reimbursement from
			political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name		Amount
	Payee address; City; State; Zip Code		, <b>(\$)</b>
·	Purpose of expenditure		Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FOR	RM AS NEEDED	
Printed on recycle			

of White III is a special separation of the parameter of

TO A B	NT FROM POLITICAL CON USINESS OF C/OH	TRIBUTION		SCHEDULE H	
The Instruction	м Guide explains how to complete this form.	1 Total pages Schedule H1_			
2 FILER NAME WILFORD FLOWERS		· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT# (Est	ics Commission filers)	
4 Date	5 Business name			7 Amount (\$)	
	6 Business address; City; State; Zip Code	· • • • • • • • • • • • • • • • • • • •		ŕ	
	N/A				
8 Purpose of pa	yment	9 Complet Candidate / Officer	e if direct expenditure colder name	to benefit C/OH Office sought / held	
Date	Business name			Amount (\$)	
	Business address; City; State: Zip Code		• • • • • • • • • • • • • • • • • • • •		
			•		
Purpose of pa	yment	Complete Candidate / Office!	e if direct expenditure t nolder name	O benefit C/OH Office sought / held	
Date	Business name			Amount (\$)	
	Business address; City; State; Zip Code		e t	And And And And And And And And And And	
Purpose of pa	yment	Complete Candidate / Officer	o if direct expenditure t nolder name	o benefit C/OH Office sought / hold	
Date					
Date	Business name  Business address; City; State; Zip Code	eta e ja	· · · · · · · · · · · · · · · · · · ·	Amount (\$)	
		•	tur to com		
Purpose of pa	yment .	Complete Candidate / Officer	if direct expenditure to	o benefit C/OH >- Office sought / held	
	in the	n e je kaja	11. 11. 15. 15. 15. 15. 15. 15. 15. 15.	•	
	ATTACH ADDITIONAL COPIE	S OF THIS FORM	AS NEEDED		

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE !

The Instruction Guide explains how to complete this form.		ule t: -1-		
FILER NAME WILFORD FLOWERS 3 ACCOUNT # (E		3 ACCOUNT # (Ethici	nos Commission filens)	
Date	5 Payee name		Amount (\$)	
	6 Payee address, City; State; Zip Code N/A			
	7 Purpose of expenditure			
Date	Payee name  Payee address; City, State, Zip Code		Amount (\$)	
	Purpose of expenditure			
Date	Payee name Payee address; City: State, Zip Code		Amount (\$) .	
•	Purpose of expenditure			
Date ·	Payee name Payee address; City; State; Zip Code		Amount (\$)	
	Purpose of expenditure		; ;	
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)	
	Purpose of expenditure			
·	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED		

CREDIT	rs (optional)		SCHEDULE K
The Instruction	н Guipe explains how to complete this form.	1 Total pages Sched	ule K: —1—
2 FILER NAM	E WILFORD FLOWERS	3 ACCOUNT# (Ethic	
4 Date	5 Payor name		8 Amount (\$)
	6 Payor address; City; State; Zip Code		
•	N/A		
	7 Reason for credit	·	,
Date	Payor name		Amount (\$)
: !	Payor address; City; State, Zip Code		
: !	Reason for credit		
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit	,	
Date .	Payor name Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit		:
Date	Payor name Payor address; City; State; Zip Čode		Amount (\$)
	Reason for credit		
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED	

recess Ethics Commissi	on P.O. Box 12070	Austin, Texas 78711-	2070	(512) 463-5800	1-800-325-8508
OUTSTAN	NDING LOANS			SCI	IEDULE L
The Instruction G	urce explains how to complete t	his form.	,	1 Total pages Schedule L:	-1-
2 FILER NAME	FILER NAME WILFORD FLOWERS		3 ACCOUNT # (Ethics Commission Mers)		
LENDER INFORMATION	4 Name of lender			<u> </u>	
	5 Lender address; N/A	City;	State;	Zip Code	
GUARANTOR INFORMATION	6 Name of guarantor				
not applicable	7 Guarantor address;	Сну;	State;	Zip Code	· · · · · · · · · · · · · · · · · · ·
LENDER INFORMATION	Name of lender				
·.	Lender address;	City;	State;	Zip Code	
GUARANTOR INFORMATION	Name of guarantor			· · · · · ·	
not applicable	Guarantor address;	City;	State:	Zip Code	••••••••
LENDER INFORMATION	Name of lender				
	Lender address;	City;	State;	Zip Code	• • • • • • • • • • • • • • • • • • • •
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guaranter address;	City;	State;	Zip Code	
LENDER	Name of lender	1. 2			

INFORMATION

**GUARANTOR** 

INFORMATION

not applicable

Name of lender

Lender address;

Name of guarantor

City;

City;

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

State;

State; ·

Zip Code

Zip Code

	ASSETS VALUED AT \$500 OR MORE		SCHEDULE M		
,		,			
:	The Instruction Guide explains how to complete this form.			1 Total pages Schedule	ıM −1∸
2	FILER NAME WILFORD FLOWES		) (\$146.44) *	3 : ACCOUNT # (Ethics	Commission Rers)
4	Description of Asset N/A			•	•
	Description of Asset				-
=	Description of Asset				
-	Description of Asset		- <del></del>	<del></del>	. !
	Description of Asset				•
	Description of Asset			· · · · · ·	¥.
	Description of Asset				- <b>-</b>
	Description of Asset				
	Description of Asset				
	Description of Asset			-	
	Description of Asset	•			
	Description of Asset			•	
	Description of Asset				
	ATTACH ADDITIONAL	COPIES OF T	HIS FORM AS N		